

# bmj.com news roundup

Full versions of these stories are available at: [bmj.com/content/vol333/issue7568/#NEWS\\_ROUNDUP](http://bmj.com/content/vol333/issue7568/#NEWS_ROUNDUP)

## Doctors query India's polio plan aftersurge in cases

A surge in the number of cases of polio this year in India, has prompted the Indian Medical Association to question India's eradication strategies.

India has already recorded a total of 258 cases of polio this year, against only 66 in 2005.

Federal health officers have attributed the outbreak to poor delivery of vaccines by state health staff. "Vaccine coverage had dropped in this district for several months before this outbreak," an immunisation officer with the health ministry said. "A large number of children did not receive the multiple doses that they should have."

In a report released this week the Indian Medical Association expressed concern at the continuing circulation of the wild polio virus despite intensified immunisation campaigns over the past 10 years.

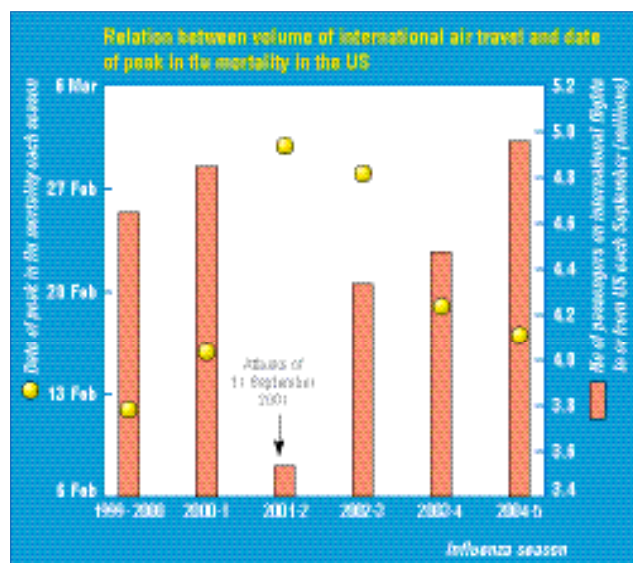
Since 1995, in addition to routine courses of immunisation with the live oral polio vaccine, the government has conducted several mass immunisation days each year on which all children below the age of 5 years are given the vaccine. Nevertheless, some children who have had several doses of the vaccine have contracted the disease.

Ganapati Mudur *New Delhi*

## NICE is to root out ineffective treatments in NHS

The National Institute for Health and Clinical Excellence (NICE) has been charged with purging from the NHS treatments that do not improve health or are poor value for money.

The health minister Andy Burnham said guidance to address poor clinical practice will help make health services more equitable across the country and reduce ineffective practices. Any money saved will be ploughed back into the NHS for interventions that have been proved to work. NICE's guidance will apply to



## Restricting air travel may slow spread of flu

If an epidemic of avian influenza becomes likely, restricting airline travel might slow the spread of the disease and buy time for preventive measures, claims a study by American researchers. They showed that the spread of ordinary flu in the United States was delayed by the interruption in air travel after the attacks of 11 September 2001.

The World Health Organization and the US government are considering restricting air travel if an epidemic of H5N1 bird flu should occur.

In the study, which was published on 12 September in the online journal *PLOS Medicine* (doi: 10.1371/journal.pmed.0030401), the authors found that during the first five flu seasons studied (from 1996-7), mortality peaked around 17 February. But in the 2001-2 flu season (after the September attacks) the peak did not occur until 2 March.

"The more domestic travel, the faster [the] flu spread. The more international travel, the earlier flu appeared," said the lead author, John Brownstein, of the informatics programme at the Children's Hospital in Boston.

Janice Hopkins Tanne *New York*

England, Wales, and Northern Ireland.

"This is not about cutting services that benefit patients," said Mr Burnham. "New drugs and treatments are continually emerging, and trusts have to make difficult decisions about how to invest funding. I believe this important new work will show how the NHS can free up millions of pounds from obsolete or ineffective treatments. NICE has an excellent track record in identifying and recommending the most effective new treatments for widespread use in the NHS. But we need to ensure that we balance this with better advice on unnecessary and ineffective interventions that can be stopped"

Zosia Kmietowicz *London*

## Audit office is to take second look at NHS's IT scheme

The £12bn (€18bn; \$22bn) programme to computerise the NHS in England faces a new investigation. Two months after it published a largely favourable report on the national programme for information technology (IT) (*BMJ* 2006;333:3-4, 1 Jul), the National Audit Office said that it plans a second study on the world's largest civil IT scheme. One focus of the new study is likely to be the programme's slower than expected progress in installing electronic patient record systems in acute hospitals.

Opposition MPs last week published a paper criticising the core of the programme, a national network "spine" that will allow authorised NHS staff to access patients' records held by individual institutions.

Instead of the spine giving access to full electronic health records across the country, the MPs recommend that it carry only demographic information and details such as patients' allergies.

Michael Cross *London*

## European Commission draws up measures on treatment abroad

The European Commission is facing the challenge of drawing up a package of measures to ensure that different national health systems are compatible with European Union rules.

Last week it launched wide ranging consultations that will run until the end of the year. After assessing the input it will table concrete proposals during the first half of next year. These would then have to be approved by EU governments and the European parliament.

The commission stresses that the aim is not to harmonise national health systems; the benefits and services they provide remain national responsibilities. Instead the aim is to guarantee legal certainty for patients seeking treatment abroad and for health services managing and financing these services.

The complex issue is on the EU's agenda because of a series of judgments from the European Court of Justice, the first of which was in 1998. This judgment established the right for patients, under certain conditions, to travel to another EU member state for medical attention and to have the costs reimbursed.

But instead of allowing particular issues to be addressed on a case by case basis through the courts, there is growing pressure for a wider and clearer political solution.

Rory Watson *Brussels*